

# Medici Healthcare Ltd

# Manor Gardens

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

When we carried out an unannounced comprehensive inspection at Manor Gardens on the 27 and 28 January 2015. Breaches of Regulation were found and two Warning Notices were issued in respect of ensuring people's safety and the management of medicines. We undertook this inspection on 24 and 25 September and 2 October 2015 to follow up on whether the required actions had been taken to address the previous breaches identified. At this comprehensive inspection we found Manor Gardens had taken appropriate action to address all breaches to Regulations identified at the last

inspection. The service was found to be fully compliant with all required Regulations and establishing ongoing improvements for the benefit of people using the service. Details of previous breaches will be found under each of the five question headings.

Manor Gardens provides accommodation and nursing care for up to 64 people living with a range of complex care needs, including end of life care, diabetes, stroke, heart conditions and Parkinson's disease. Many of the people needed support with their personal care, eating

# Summary of findings

and drinking and mobility. Some people were also living with dementia. The service also provided respite care to give people and their supporters a break from caring roles.

You can read a summary of our findings from both inspections below.

## **Comprehensive Inspection of 27 and 28 January 2015.**

There were 43 people living at the service on the days of our inspection.

We identified a number of areas of practice which potentially placed people at risk of receiving inappropriate care and support. Risks had not been identified through auditing or quality assurance.

Management systems for medicines were not consistently safe. For example some medicines were signed for as being administered and taken when they had not been taken.

The service was not following best practice guidelines on moving people in a safe way. For example we observed staff moving a person in an unsafe way in front of a more senior member of staff.

Where people had undergone assessments for bed rails or lap belts, these had not been reviewed to reduce potential risk. There was a lack of best interests' decisions about the use of devices that included bed rails and lap straps, corresponding risk assessments had not been reviewed. There was no consideration if these matters should be considered under Deprivation of Liberties Safeguards (DoLS).

The service had not identified environmental hazards and had not taken action to reduce risk this included the security of the home.

Some people felt the service was not caring and we found it did not always promote people's dignity. For example some staff did not explain the care they were giving and net underwear was shared.

Some people's records were not completed accurately, so their needs could not be fully assessed and evaluated. People's social needs were not assessed and documented, so there was no evaluation to assess if people's individual needs were met in this area.

Some people told us the service was not well led, particularly commenting on changes in managers. Although audits of service provision had taken place they did not consistently identify areas for action or detail action plans for improvements. The service's aims and objectives had not been updated to reflect changes in the service.

People commented on the difficulties caused by high staff turnover and communication issues relating to some staff. We saw a few areas where attention was needed to cleanliness, for example bed rail covers.

## **Comprehensive Inspection of 24 and 25 September and 2 October 2015.**

There were 39 people living at the service on the days of our inspection.

After our inspection in January, the provider wrote to us to say what they would do to ensure all regulations would be met. We found the Warning Notices had been met and significant improvements had been made. These will need to be embedded into everyday practice to ensure they are consistently met. However we found no breach of regulations at this inspection.

The service had appointed a new manager in August 2015 who had applied for registration with the Care Quality Commission (CQC) to become the registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found people's safety was not always fully promoted. Environmental risk assessments did not ensure all risks were identified, monitored and responded to effectively. Therefore risks to people may not be minimised. Recruitment practice did not ensure all checks were undertaken in a robust way to ensure suitable people were employed.

The new management team needed further time to establish and embed best practice. The quality monitoring systems needed further development to

# Summary of findings

ensure they were used to identify shortfalls and demonstrate effective responses. This included the establishment of care documentation that was accurate up to date and completed in a consistent way.

People were looked after by staff who knew and understood them well. Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. Care plans were personalised and reflected people's individual needs and preferences.

All feedback received from people and their representatives through the inspection process was very positive about the care, the approach of the staff and atmosphere in the home. One relative said "Everything is absolutely fine here. When my mum rings her bell staff come she is happy staff are friendly food is good and mum is very content.

All feedback from visiting professionals was very positive. They appreciated the improvements made to the service and endeavour to drive further improvement with a commitment to learning.

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had a clear understanding of DoLS and what may constitute a deprivation of liberty and followed correct procedures to protect people's rights.

Staff were provided with a full induction and training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely and safe fashion. The registered nurses attended additional training to update and ensure their nursing competency.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. A complaints procedure was readily available for people to use.

People were complementary about the food and the choices available. Mealtimes were unrushed and people were assisted according to their need. Staff monitored people's nutritional needs and responded to them.

People were supported to take part in a range of activities maintain their own friendships and relationships. Staff related to people as individuals and took an interest in what was important to them.

The management of the service responded positively to feedback received from safeguarding investigations and information identified through the inspection process. Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed an action plan had been written to respond to information received.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

The environmental risk assessment process did not ensure all risks were monitored and reviewed effectively.

Full and appropriate checks were not completed to ensure the provider employed suitable staff to work at the service.

Medicines were stored, administered and disposed of safely by staff who were suitably trained.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough staff on duty to meet the needs of the people.

Requires improvement



### Is the service effective?

The service was effective.

Staff were trained and supported to meet people's individual needs.

Staff understood their responsibility in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were offered choices about the food they ate and staff supported them to enjoy relaxed and pleasurable meals.

People were supported to maintain good health and had access to on-going healthcare support.

Good



### Is the service caring?

The service was caring.

People were supported by kind and caring staff who knew them well.

People and relatives were positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Good



### Is the service responsive?

The service was responsive.

People's care was planned in a way that reflected their individual needs and wishes.

People had the opportunity to engage in a variety of activities that staff supported them with either in groups or individually.

Good



# Summary of findings

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

## Is the service well-led?

The service was not consistently well led.

There was no registered manager in post. Quality monitoring systems were not well established to identify all areas for improvement and monitoring.

The new management structure had established affective leadership within the service which allowed for the development of staff and good care practice.

People and staff were encouraged to share their views on the service. Both thought the management arrangements had improved and were now effective and supportive.

**Requires improvement**



# Manor Gardens

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 26 September 2015 and was unannounced. A further visit was completed on 2 October 2015 to review the management of medicines.

The inspection team consisted of two inspectors and a specialist advisor who was a pharmacist and had extensive experience of working within the care sector and with people living with dementia.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were following up on a previous inspection that had raised a number of concerns about the service.

After the inspection we spoke with a specialist nurse advisor, a member of the community mental health team, a member of the DoLS assessment team and a social care professional

During the inspection we spoke with eight people who lived in the service who were able to share their views along with eight relatives. We spoke with various staff including the director of operations, home manager, the chef, three registered nurses and three care staff, a welfare co-ordinator, an administrator and the senior housekeeper. We also spoke with a GP and specialist nurse who were visiting people in the home, and the hairdresser who came to the home on a weekly basis.

Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning in one of the communal sitting areas. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed lunch and supper sitting with people in the dining rooms. The inspection team spent time observing people in areas throughout the home and were able to see the interaction between people and staff.

We reviewed a variety of documents which included five care plans and associated risk and individual need assessments. This included 'pathway tracked' people living at Manor Gardens. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at four recruitment files and records of staff training and supervision. We read medicine records and looked at policies and procedures, record of complaints, accidents and incidents and quality assurance records.

# Is the service safe?

## Our findings

At the last inspection in January 2015, the provider was in breach of Regulation 9, 13 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not being moved in a safe way and risk associated with safe moving and the use of bed rails had not been assessed or taken into account to ensure people's safety. Medicines were not managed appropriately the service did not have full systems to ensure people were given their medicines safely. Records relating to medicines administration were not accurate. Identified risks had not been responded to and left people at risk from uneven surfaces and unsecured oxygen cylinders.

Due to the concerns found at the last inspection, we determined people were at significant risk of not receiving safe care and the delivery of care was inadequate. An action plan was submitted by the provider that detailed how they would meet the legal requirements.

At this inspection we found significant improvements were made and the provider is now meeting the requirements of Regulations 10 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were confident that people were safe in Manor Gardens. They felt secure as staff were readily available and the care they received was what they required. One person said, "When help is needed anytime day or night someone is there to help." A relative said, "Staff check on her regularly at least hourly." Visiting health professionals were positive about the standard of care which ensured people were receiving safe care.

Despite this positive feedback we found some areas that could impact on people's safety.

Although a number of specific environmental risk assessments had been completed and responded to there was no systematic health and safety review that covered the whole service and garden areas. For example, there was no system to check that window restrictors were safely secured or that the towel rails were not a risk to people. During the inspection windows were found to be restricted safely however towel rails were not guarded. The temperature of towel rails were not hot during the

inspection visits. In addition we found the fire risk assessment had not taken into account the risk associated with oxygen use in the service. These areas were identified for improvement.

The service had a recruitment policy and procedure to follow when recruiting new staff. We found records included application forms, confirmation of identity and of the person's right to work. The appropriate numbers of references were sourced however we found two staff recruitment files did not include a reference directly from the past employer. This did not ensure the appropriate checks were completed on staff before their employment. This was identified as an area for improvement.

Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

The security of the home since the last inspection had been reviewed with systems adopted to ensure a full security process ensuring only those people with a legitimate reason for entering the home were permitted access. However, on one day of the inspection access to the home via the front door was not restricted appropriately. This was raised with the senior staff to ensure security measures in place were always followed.

Risks assessments in relation to people's health and care needs were in place to help keep people safe. These were regularly reviewed and supported people to take positive risks to remain independent as far as possible. Since the last inspection the use of bed rails had been reviewed. This had led to a number of the bedrails being removed and alternative safety measures being adopted. For example, the use of fall mats and beds being positioned close to the floor. When bed rails were used risks associated with their use had been fully assessed and appropriate guidelines responded to.

The new computer based care documentation system had been introduced since the last inspection and this ensured people had a number of generic risk assessments completed as part of the initial assessment process. These included, nutrition, pressure areas, falls and moving and handling and were found to be personalised to reflect

## Is the service safe?

people's risks. Information from the risk assessments was used in care plans to provide guidance for staff. For example how to move people safely. We found that people were supported to move safely and staff always worked with another member of staff when using lifting equipment. A new staff member talked about their induction training that had provided skills and knowledge on moving people safely. "We have thorough training and given the correct procedures to follow. For example I was able to support someone safely to the floor when they were going to fall."

Staff and people told us there was enough staff to ensure people had their care and support needs met on a daily basis. Past staffing arrangements had been unstable with a high use of agency staff. Staff told us the staffing levels had been improved and a relative told us, "Staffing levels have really improved." People were accommodated on three of the four units within the service. For staffing purposes each unit was staffed separately and this included a registered nurse to oversee and monitor the nursing care provided. Staff deployed also included care staff who worked at different levels according to their experience and qualifications and ensured an appropriate skill mix on each unit. A recent recruitment drive had established a team that had replaced the need for agency staff use. One person told us, "The call bell is always answered quickly, there used to be a lot of agency at the beginning of the year, this is how settled with regular staff."

Manor Gardens was clean and was well decorated and maintained internally. The provider had systems in place to deal with any foreseeable emergency. Contingency and emergency procedures were available to staff and a member of the management team were available at any time for advice. Staff knew what to do in the event of a fire. Fire procedures were in place along with individual evacuation plans for each person living in the home. The provider had taken steps to ensure the safety of people from unsafe premises as maintenance issues were attended to quickly and appropriately.

A designated lead on safeguarding had been identified from within the team and they along with other senior staff had attended additional training provided by the local authority. All staff had received safeguarding training on a regular basis and it was clearly documented within the induction training undertaken. Staff had a good understanding of their responsibilities in relation to

safeguarding people in order to protect them from the risk of abuse. They were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time. If this was not appropriate they would report to the relevant external organisations. They told us they would always report concerns to make sure people were safe. Staff were able to tell us how they were able to keep people safe for example, ensuring fall mats were in place and appropriate pressure area support was provided.

There were robust systems in place to ensure the safe management of medicines. Medicines were stored, administered, recorded and disposed of safely. Storage facilities throughout the service were appropriate and well managed. For example, medicine rooms were locked and any drug trolley was secured to the wall when not in use. Staff were also vigilant in locking the trolley when they were talking or giving medicines to people. We observed medicines being given at lunchtime and in the evening and staff demonstrated that they followed best practice guidelines. All medicines were administered by registered nurses and competency assessments and additional training were undertaken on a regular basis to maintain their skills.

Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain PRN guidelines were in place. These were clear and provided guidance about why the person may require the medicine and when it should be given. Variable dose medicines were also well managed. For example some people had health needs which required varying doses of medicine related to specific test results. These were accurately reflected on the MAR chart and within individual care plans.

One person had their medicines administered covertly. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. This had been discussed with the person's GP and close relative and a mental capacity assessment was in place to demonstrate why this was appropriate for the person along with a review process. Detailed advice to

## Is the service safe?

safely handle the medication had also been sought from the Guys Medicines Information service and this had been laminated and placed with the persons' MAR chart for staff to refer to.

# Is the service effective?

## Our findings

At the last inspection in January 2015, the provider was in breach of Regulation 18, 9 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 11, 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service was not following the Mental Capacity Act, 2005 (MCA) or DoLS in the use of potential restrictions on people's liberty. Care and treatment was not planned to ensure people's safety and welfare this included the care of people with specific health needs including diabetes. Strategies to ensure staff were suitably trained and supervised in their roles had not been established

Due to the concerns found at the last inspection, we determined people did not have their individual rights promoted and did not have their healthcare needs supported effectively by trained and supported staff. An action plan was submitted by the provider that detailed how they would meet the legal requirements.

At this inspection we found significant improvements were made and the provider is now meeting the requirements of Regulations 11, 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives had confidence in the skills and abilities of the staff at Manor Gardens. One person said, "The staff are marvellous they really know what they are doing." Feedback from visiting health and social care professionals was very positive about the skills and competence of the staff. They talked about the learning culture in the home. One said, "Staff are open and keen to learn and also willing to learn from mistakes. Another said, "Staff are constantly learning and will question you for a better understanding." People were very complimentary about the food and how they were provided with choice.

Since the last inspection staff training had been reviewed along with the appointment of a training manager to oversee and organise the training programme. This focussed on developing the skills of staff in post and developing a thorough induction for new staff. The training manager has now been appointed as the home manager but was retaining a key responsibility for staff training and development as part of this role.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. When they started work at the home staff received a comprehensive induction programme. This included a workbook of competencies which they were required to complete and was signed off by the home manager and included safe moving and handling. Essential e-learning was completed by new staff before working on the floor providing direct care. New staff were also commenced on the 'care certificate framework' based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. New staff had a period of shadowing more senior staff and were then monitored to ensure appropriate skills and competences were developed within their practice. A new staff member told us they had received excellent support during their induction programme which had "prepared them well for a new role."

All staff undertook essential training and updates that include safeguarding, infection control, moving and handling and dementia. The essential training programme was completed on line with some direct face to face training. The training manager was providing further workshop training based on the 'care certificate framework' for all staff to attend. This framework is based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. This will promote a consistent level of understanding for staff and ensure a comprehensive understanding of their work, the principles of care, policies, procedures and work practices expected of them.

Staff confirmed they received ongoing training and told us in addition to essential training there were many opportunities for further training. One staff member told us how they were going to undertake the diploma in health and social care. Another told us they had completed training in completing staff supervision and had started to complete individual supervision for their team of staff.

The registered nurses were supported to update their nursing skills, qualifications and competencies. Some people had complex care needs that required staff to maintain specific skills. For example, the use of equipment to administer medicine through a syringe. Staff had attended specific training at the local Hospice and were

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fully confident when using this equipment. A health care professional told us they had delivered training to staff on specific care techniques which had established a high competency in staff.

All staff told us they felt very well supported by the new management structure and senior staff working in the service. One new staff member said, "All staff have been extremely supportive and positive. Another staff member said, "I am fully supported now, I was not in the past but with the new management I am supported and listened to."

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had a clear understanding of DoLS and what may constitute a deprivation of liberty. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they get the care and treatment they need, where there is no less restrictive way of achieving this.

A registered nurse had been allocated the role of reviewing all aspects relating to the MCA and DoLS. They had set up a data base and worked with other colleagues in the home and the DoLS assessment team to ensure people's rights were fully taken into account. Where people had any restriction in place appropriate action had been taken to ensure this was in that person's best interests and was the least restrictive option to the person's rights and freedoms. All appropriate procedures and legislation had been followed and fully documented. Records confirmed that suitable applications had been made in relation to the use of bed rails and lap straps used on wheelchairs.

Staff asked people's consent before offering them help and made sure the person was happy with what had been provided. One staff member said, "We never assume consent we always ask people and explain what we want to do." Where people were less able to communicate verbally or had varying capacity staff understood from people's body language and facial expressions whether people had agreed to the help offered.

People were supported to have enough to eat and drink, in a place that they chose and their nutritional needs had been assessed and regularly reviewed. We observed the midday meal and an evening meal, people had beverages

of their choice which included wine. The mealtimes were pleasurable occasion, with lots of relaxed chatting. People were offered regular drinks by staff and jugs of water and squash were readily available to people.

Staff spent time encouraging and supporting people when needed in an unrushed and discreet way. For people who had difficulty in eating and swallowing suitable meals were provided that included soft and pureed meals.

All feedback from people and relatives about the food was very positive they told us the food was appetizing and served at the correct temperature and reflected individual choices. Comments included, "The food is very good here and they give you special menus if you cannot eat things. I cannot eat some meats and tomatoes and they always accommodate me," and "The food is marvellous, If you want things they get them for you."

Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. For example a nutritional risk assessment was used routinely for people and staff monitored people's weights regularly to inform this risk assessment. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. Drinks were thickened to ease swallowing when specialist advice indicated this treatment. Some people needed specialist advice from the dietician as they were fed artificially, suitable guidelines were available for staff to follow to ensure safe and appropriate care was provided. Systems were also in place to ensure regular review that included the dietician. Where a need had been identified staff monitored how much people ate and drank each day to ensure they received appropriate nutrition. The associated records were well completed and included fluid charts that clearly recorded fluid offered and taken and target amounts for intake. Where concerns had been identified the GP had been informed for further advice.

Staff had a good knowledge of people's dietary choices and needs. For example some people required a soft diet and others a diabetic diet these needs were recorded on the diet sheets that staff used to serve the meals. Staff supported people appropriately and checked with people if they wanted the food they had ordered and gave choices when food was being prepared. For example staff asked what kind of bread people wanted when they were preparing evening sandwiches there was also an option to have sandwiches toasted. The chef was visible in the home

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and checked with people if they had enjoyed their meals. They had a good knowledge of people's specific dietary needs and had systems to ensure they received a diet that met not only their needs but their preferences. Regular feedback from people was used by the chef to adapt and change meals to individual choice and to ensure the quality of the food. For example, recent feedback had indicated that the pastry used was too thick. The chef had responded to this feedback in a positive way and spoken to their colleagues to address. Discussion with the chef confirmed they took a personal interest in meeting people's needs and preferences.

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted to and were supported in attending hospital appointments. Relatives were complimentary about the regular contact with the local GP who attended the home twice a week on a regular basis.

Records and discussion with staff confirmed that staff liaised effectively with a wide variety of health care professionals who were accessed regularly. The staff worked hard to communicate effectively and co-ordinate a multi-disciplinary approach to care. For example, specialist nurses were contacted and involved in planning and reviewing care for people with complex health care needs. One person told us how their designated Parkinson's nurse was working with staff and the GP to resolve some medication issues. Visiting health care professionals told us the working relationship with the staff was constructive and very positive. Staff demonstrated professionalism and a commitment to providing the best care possible working in conjunction with all additional health care professionals available.

# Is the service caring?

## Our findings

At the last inspection in January 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was because people were not being involved in their care and treatment and were not kept up to date and informed. Some people felt staff were not caring because they did not call them by their preferred name. There was no system to make sure that net underwear was not shared between the people who needed it and clothes were not adequately labelled to ensure people had their clothing returned to them.

Due to the concerns found at the last inspection, we found people felt they were not involved in decisions about their needs and their privacy and dignity was not always supported. Some staff was not caring in their attitude towards people and certain systems in the service did not ensure people's dignity. An action plan was submitted by the provider that detailed how they would meet the legal requirements.

At this inspection we found significant improvements were made and the provider is now meeting the requirements of Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that the staff at Manor Gardens were caring, and friendly. Comments included, "The staff are fully dedicated," "To say I am happy here is an understatement staff are so friendly here," "The staff are all kind and friendly, nothing is too much trouble," "Staff are all very willing and keen to please and be helpful," and "I cannot fault the staff they are caring and understanding and they listen."

Relatives were also very positive about the care and the approach of the staff. One told us, "Staff are kind to my partner visit three times a week staff are very friendly and polite". Visiting health and social care professionals were positive about the approach of staff and the atmosphere in the home that they called 'friendly'.

During our observations we heard and saw staff interact with people in a caring, pleasant and patient way. All staff demonstrated skills in listening and responding to people as individuals and showed a genuine caring approach. A visiting professional told us they had been impressed with

the interactions they had witnessed. They felt staff knew people well and treated them as individuals and showed an 'innate kindness.' When staff supported people they did so with patience and worked at the person's own pace. When staff walked past people they acknowledged them, asked if they were alright and commented on what they were doing with interest. Staff and people chatted about all sorts of things not just care related topics. For example, one staff member asked about family members and talked about them with interest.

All staff had a good knowledge and understanding of the people they cared for. They were able to tell us about people's choices, personal histories and interests and these were recorded within individual care records. People were called by their preferred name and were dressed according to individual preference. One person said, "They always ask me what I would like to wear and I say you choose." People told us they enjoyed the regular visit from the hairdresser who came to the home each week. The hairdresser worked in a private area of the home and the experience for people was social.

People had information immediately outside their rooms which included details of their names and how they preferred to be addressed. Some had photos which were really important for people who looked different because of their health needs. This helped staff to relate to people's past lives. People's bedrooms were varied and reflected individual interests. For example one person had enjoyed living and working with horses they had a number of photographs and painting another had a large number of books these reflected people's interests and gave a point of reference for conversation. People's bedrooms were seen as their own personal area which supported them to maintain their own private lifestyle. Staff did not enter rooms without knocking and permission to do so.

Staff understood the importance of an individual and caring approach and understood the key principles that underpinned dignity. There was a staff member allocated the role of dignity champion in the service. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra. However the operations director was passionate about ensuring all staff had a meaningful understanding of these principles. Staff confirmed they were attending additional training on principles of care. One new staff member told us, "I have

## Is the service caring?

completed training on empathy, which was really interesting.” There were reminders in everyone’s care plan that choice and ensuring people’s dignity must be part of everyday care.

Staff gave us examples of how they promoted people’s dignity and we saw these were transferred into practice. A relative told us how they appreciated how staff spoke to people. They told us “it’s the way they talk to her, they don’t boss her about and let her choose.” One person told us, “Staff seem to feel the pain for other people.”

People told us they considered they were treated with respect and dignity. People said that were listened to and staff responded to what they wanted and how they wanted to do things. One person told us, “I can do as I wish.” People told us they could have a shower or bath when they wanted to and go to bed when they wanted. Routine care schedules were not part of daily practice in the service and this allowed an individual approach to care. A daily record of baths and showers demonstrated a flexible approach that met individual need. One person told us how her rights and choice was protected. She told us they were asked if they minded having a male staff member provide personal care and her view was responded to.

Visitors told us they were made to feel very welcome and were offered refreshments regularly during their visits. People always received consultations with professionals in private and visitors were supported to see people where they wanted to. For example, staff provided a separate dining table for one person to dine privately with a guest at lunch time. One relative told us a telephone with direct call numbers was provided to promote independent contact with family and friends.

Staff talked about the how they enjoyed their work and making a difference and enhancing peoples life’s with a pleasant and caring approach. Staff were enthusiastic about looking after people as individuals. One staff member said, “When you are caring for someone you focus just on them they are the most important person.”

Since the last inspection a new naming system for people’s clothing has been adopted this is in addition to labels provided by family and enables laundry staff to identify each person’s clothing. Staff had also reviewed the provision of net underwear used in conjunction with incontinence pads. Individual prescriptions processed by an identified registered nurse now ensured people had an adequate supply for individual use only.

# Is the service responsive?

## Our findings

At the last inspection in January 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was because the service was not consistently responding to People's individual care and treatment needs. This included providing appropriate care to people at risk from developing skin damage through pressure or health needs. People living with dementia did not supporting care plans to guide staff in responding to their needs.

At the last inspection, the service did not consistently respond to people's needs by drawing up appropriate care plans and when delivering care. This included people's needs for activities, as well as complex nursing and treatment needs. An action plan was submitted by the provider that detailed how they would meet the legal requirements.

At this inspection we found significant improvements were made and the provider is now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved in deciding how their care was provided and received care that was responsive to their needs and personalised to their wishes and preferences. People told us there was a range of activities available and they were encouraged to join in. One person told us, "There's enough going on, I join in if I wish." Another person showed us some paintings that they had completed, these were also displayed in the communal areas in the service.

Before people moved into the home a senior registered nurse carried out an assessment to make sure staff could provide them with the care and support they needed. Care plans included information about people's likes and dislikes and how they would like their care provided. Where people were less able to express themselves verbally people's next of kin or representative were involved in the assessment process. This meant people's views and choices were taken into account when care was planned. The assessment took account of people's beliefs and cultural choices. This included what religion or beliefs were important to people. Care plans were written following

admission and reviewed on a monthly basis. A relative confirmed that had seen the care documentation which they felt reflected their mother's likes and dislikes and care needs clearly. Relatives all told us they were kept fully informed of any changes in care and felt they were included and involved as their relatives would want.

Care plans gave clear guidelines to staff on how to meet people's needs while promoting an individual approach. Care plans were person centred and supported staff to view people as individuals. Some people had complex care needs in relation to their health and some had additional behaviours that needed specific support. Staff had a good understanding of people's specific care needs. For example, staff told us how they provided care to people at risk from pressure damage. They were familiar with the equipment and care that people at risk required. This care was fully recorded and evaluated, daily checks on any equipment used ensured it was correctly set for optimum therapeutic effect. People living with diabetes had care plans that reflected risks associated with this condition and corresponding care and treatment to promote health.

Visiting professionals complimented the delivery of care and told us staff worked in an inclusive way with them, people and their families. This collaborative approach delivered the best care for people. For example, following consultation a person was moved to a different room this with input from a therapist and an allocated staff member lightened their mood and improved their level of wellbeing.

Staff were regularly updated about changes in people's needs at handover and throughout the day. During the inspection we saw staff communicating regularly with each other. Staff listened to each other and shared information provided by visiting professionals. Thorough handover sheets were used and the computer system provided an update for staff when they first logged on to the system.

People had life stories that recorded information about their past life's and interests For example, if people had siblings, what they worked as and if they had pets in the past. This gave staff an insight into what was important to people and what interested them. Staff facilitated people to be involved in any activity that would interest them. For example one person was taken swimming and another was supported to look after a much loved pet cat.

It is important that older people in care homes have the opportunity to take part in activity that they enjoy and

## Is the service responsive?

creates normal life interactions. This helps maintain or improve their health and mental wellbeing and prevents social isolation. Manor Gardens had two activity staff who worked to provide interesting activity and entertainment for people. The service had also sought additional support from community professionals on developing appropriate activity for people in the service.

The management had recognised the need to improve and develop this provision further and were recruiting more staff.

There was a variety of activity provided and during the inspection process a quiz was held in the morning with a singer in the afternoon on one day of the inspection with a Macmillan coffee morning being held on the second day. People took an interest in the garden and local wildlife and some people were enjoying the sunshine on the patio. The home had a vibrant feel that was promoted by regular visitors and constant interaction with staff. One staff

member told us they were able to take a few people out for a picnic one day as a spontaneous reaction to somebody saying they fancied one. The staff were mixed in age and related to people at different levels providing extra diversity for people to engage with.

People and relatives told us they would raise a complaint if they needed to, and would speak to the one of the senior staff. They felt they would be listened to and have any concern dealt with.

One relative said, "I certainly would make a complaint if I needed to." The 'resident's information book' contained information on making a complaint and a full complaints procedure was available if requested. There had been no new complaints since the operations managers' appointment in February 2015. Prior to this appointment a number of complaints had been raised and they were working with the complainants to ensure all matters were resolved to their satisfaction.

# Is the service well-led?

## Our findings

At the last inspection in January 2015, the provider was in breach of Regulation 10 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was because people told us they did not think the service was well organised. Quality audits did not identify all relevant areas and where they did, action plans were not in place to ensure they were addressed. The service did not ensure they followed relevant guidelines and people's records were not accurate. The service's aims and objectives had not been up-dated.

Due to the concerns found at the last inspection, we determined the provider did not have effective systems to regularly assess and monitor the quality of service provided and was not identifying and managing risk to people's health and welfare or always following national guidelines. An action plan was submitted by the provider that detailed how they would meet the legal requirements.

At this inspection we found significant improvements were made and the provider is now meeting the requirements of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives knew there had been changes with the management of the home and knew both the operations director and home manager who had high profiles in the service. They had faith in the new management structure and the senior staff in the service. They had recognised that there had been a number of changes made and had recognised the subsequent improvements. One person said, "The staffing had been a problem with lots of agency staff, this has now settled." One relative said, "Since the management has changed the whole feel of the home has changed. There had been a lack of empathy. It's so lovely now." Another relative said, "I am impressed with the service and how it is managed. The Operations' Director is always walking the floor she knows exactly what is going on."

Whilst all feedback about the management was very positive we found the leadership of the home needed further time to fully establish strong management systems and embed the improvements made into everyday practice. There was no registered manager in post and the

Operations Director had been managing the service since April 2015. A new home manager was appointed in August 2015 and her registration with the CQC was being progressed.

We found the quality systems were still being developed and had not ensured information was being gathered and used to ensure the quality of the service was maintained and improved in all areas. There were a number of quality audits in place and some were followed through with action plans to address any shortfalls and to confirm good practice was being followed by staff. However, we found the audit system for some areas was not robust. For example, the environmental health and safety audit and the audit for accidents and incident. Accidents were not recorded fully and did not record how they had been responded to effectively to reduce risk in the service. The time of accidents had not been recorded and therefore information about trends could not be identified.

The need for regular staff supervision and appraisals had been identified and many staff had received a recent supervision session. However this along with an annual appraisal had yet to be established for all staff to ensure effective monitoring and review of staff practice. We also found some of the new care documentation was not fully completed in a consistent way. For example there was a system to ensure the care plans were reviewed and updated on a monthly basis but the corresponding risk assessment was not being updated as required. A new system of recording wounds had been introduced however staff were not completing this in the same way. This could lead to incorrect or out of date information being used when planning and caring for people. These areas were identified for improvement. The home manager confirmed that the quality monitoring systems were an area they had already identified as needing to be addressed.

A new management and staff structure had been established since the last inspection. This included a senior management team and a stronger clinical management at each unit level. The team leader role which supports the registered nurse and leads the care staff had also been strengthened. Staff told us that they were clear on who they reported to and that the changes in the management structure had been positive development. Staff at all levels felt they were more supported, staffing had improved and the morale of staff had been greatly enhanced. Staff comments included, "It has been a fantastic experience

## Is the service well-led?

working with the Operations Director) I have learnt a lot. The change in management had been really good for everyone. The team leaders have been given more responsibility, this has increased morale and this impacts on improved resident care,” “I feel very well supported now. I was not supported at all before April. I feel I am now listened to and my view is taken into account,” “There has been a massive change in the management of the home, all for the good. We all have clear roles with a progression route. Everything runs really well everyone is willing to help,” and “I love my job, the management have a clear vision for the home they have the interest of the home and people at their heart.” Staff meetings were used to provide a forum for open communication. Notes of a meeting held confirmed an open forum for discussion and a tool for sharing management messages and to praise staff for good practice and making improvements. Staff were aware of the Whistle blowing procedure and understood the importance of using it they needed to use it.

The new management arrangements have enabled a positive approach to developing and improving the service in an open, honest and constructive way. They had responded positively to a number of safeguarding alerts and the last CQC inspection report. Generating achievable action plans and working in consultation with local authority and other stake holders. Feedback from all visiting health and social care professionals was very positive about the improvements in the service since the change in the management. They complimented the open way they were worked with and told us there was a real commitment to learning and ability to learn from past

mistakes. One professional told us they had lost confidence with the management of the service in the past but would now “strongly recommend” Manor Gardens. Improvements noted included improved training, staffing, staff approach and leadership.

The Operations Director sought feedback from people and those who mattered to them in order to enhance the service and drive improvement. Following her appointment she had regular meeting with relatives within a ‘complaints committee’ to address issues of concern and update them on planned changes. Satisfaction surveys were also used to gain views on the service and action plans to address comments had been scheduled with a review date of October 2015. One action was to provide a comments book. A comments book is now located in the front entrance was used to gain feedback from people and relatives. Recent comments reflected the improvement to the security of the service. A ‘residents meeting’ was also held and was used to update people on events and works completed in the home and changes in management and staffing. People also used these meetings to talk about the quality of the food and activities in the home. One person told us the meetings were held regularly and they felt “listened to.”

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The operations director was aware of the need to establish system to respond appropriately to notifiable safety incidents that may occur in the service and was drafting a procedure.